STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS AND TRAINING &
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Dear EMS Provider:

There has been much interest in the EMS community in the 2005 American Heart Association (AHA) guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC), which were published in the December 13, 2005 issue of *Circulation*.

At its January 2006 meeting, the NH EMS Medical Control Board discussed these new guidelines. It is a long-standing policy of the Medical Control Board to reflect the latest AHA guidelines in NH EMS Patient Care Protocols. When the next edition of the Protocols is issued in January 2007, the new AHA guidelines will be fully implemented.

An important question we took up is what providers should do for the remainder of 2006. The Medical Control Board recognizes that the AHA is preparing and distributing instructional materials supporting the 2005 AHA guidelines. Instructors will begin teaching the new material this year. Providers who have received the new training will naturally want their patient care practices to be as up-to-date as possible.

We considered implementing an immediate change to NH EMS Patient Care Protocols, but after careful consideration we decided ***not*** to do so. There are several reasons for this:

1.) Frequent unscheduled protocol changes are disruptive, and – experience has shown – are often not rolled out to the providers.

2.) An immediate protocol change would put much of the EMS community in the dangerous position of not being trained to carry out their protocols. Likewise, implementation of AED guidelines will require equipment upgrades, which could not be accomplished in time to conform to an immediate protocol change.

3.) A thorough integration of the extensive set of 2005 AHA guidelines into the also extensive set of NH EMS Patient Care Protocols is a time-consuming process, and attempting to rush this process could lead to inaccuracy or incompleteness.

4.) Review of the major changes indicates that all those which “should be performed” (AHA Class I) can be implemented without protocol change. Many other changes in the 2005 AHA guidelines will require corresponding changes in the NH EMS Patient Care Protocols, but these are either “reasonable to perform” (Class IIa) or “may be considered” (Class IIb) or Class Indeterminate, and therefore do not represent a clear life-saving benefit to our patients.

For the interim during which providers are becoming trained to the 2005 AHA guidelines, and updated protocols are being prepared but are not yet issued, the Medical Control Board provides the following advisory:

Providers must, of course, follow their protocols.

Standards for performing CPR are not covered in NH EMS Patient Care Protocols because they are considered a matter of professional training. Some of the most important new AHA Class I recommendations involve the technique of CPR. As providers are trained in the "new CPR" they should begin to utilize it immediately.

A Class IIa recommendation in the 2005 AHA guidelines states: "When VF/pulseless ventricular tachycardia (VT) is present, the rescuer should deliver 1 shock and should then immediately resume CPR, beginning with chest compressions." When providers are trained to this standard and reprogrammed AEDs are available, they may begin to utilize this technique under existing protocol, which states: "Cardiac Arrest - adult 3.4 [The pediatric arrest protocol, 3.4P, is similar.] Basic Standing Orders. Apply semi-automatic AED and follow prompts, analyzing and shocking when advised in stacks of up to three shocks with CPR between defibrillation attempts." The language "up to three shocks" would include a single shock.

When paramedics are trained in the neonatal resuscitation module of the 2005 AHA standards, they may begin to implement the Class I standard that states that endotracheal suctioning for meconium-stained infants who are vigorous should *not* be performed. Although current NH protocol recommends endotracheal suctioning for all meconium-stained infants (even if vigorous) it is not a violation of protocol to appropriately withhold endotracheal suctioning of vigorous meconium-stained newborns since, as the preface to the NH EMS Patient Care Protocols clearly states: "It is also important to note that the standing orders listed in this document are not orders that must be carried out. They are orders that may be carried out at the discretion of the EMT . . . "

We expect that there may be some tension as timetables for training various cohorts of providers, updating equipment, and issuing updated protocols fail to perfectly coincide. If you have any questions, or if you feel that we could be of assistance to you – or you could be of assistance to us – please feel free to contact ALS Coordinator Vicki Blanchard at the Bureau of EMS (271-4568 or Vblanchard@safety.state.nh.us).

For the Board,

Douglas McVicar, MD
Chairman